



Road Alert Notification Form for Lane Closures and Road Closures

Complete and return this form by e-mail to: Transportation.Management@colliercountyfl.gov.

Any questions, phone: 239-252-8192 or 239-252-8365.

Contac	t Information
1)	Name of Company/Contractor/CEI (submitting the form):
2)	Contact Name:
3)	Mobile and/or Office Phone:
4)	E-mail:
5)	Subcontracting Company (if any):
Type o	f Work and Permitting Information
6)	Type of work
	a. Collier County – County Contact (name and phone):
	b. Utility such as FPL, TECO – Company Name:
	c. Private Company – Company Name:
7)	Collier County Right-of-Way Permit # (required for private company work):
Lane Cl	osure Information
	Location of lane closure (select one):
-,	a. On Road:
	between Road #1: Road #2:
	b. Intersection At – Road #1: Road #2: Road #2:
9)	Dates of lane closure: (Better to overestimate than underestimate)
-,	Start date:
	End date:
10)	Hours of lane closure: \square 9 a.m3 p.m. \square 9 a.m3:30 p.m. \square 8 p.m6 a.m. (overnight)
•	☐ Other (prior approval from County Contact and/or on Permit):
11)	Reason for lane closure:
	Direction of work (check all that apply):
	\square eastbound \square westbound \square northbound \square southbound
13)	Which lane(s) closed? (check all that apply):
	☐ through lane ☐ right turn lane ☐ left turn lane ☐ roadsides
	☐ inside lane ☐ outside lane ☐ median ☐ sidewalks
	a.) If you are closing a turn lane can drivers still make the turn from adjacent through lane? \Box yes \Box no
	b.) Or from other turn lane(s)? \square yes \square no
14)	Type of closure (may check more than one but be clear as to what is planned):
•	☐ Intermittent ☐ Rolling (moving continuously along the roadway)
	☐ Road Closed to ALL Traffic ☐ Road Closed to Through Traffic:
	☐ Reduced from: lane(s) to lane(s
	□ Other:
	Notes:
15	Detour:

16) All Maintenance of Traffic (MOT) shall be in accordance with the current year standard plan.